Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Chronic Bacterial Prostatitis

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 July 2025;
- A periodic health examination and pathology by the medical officer, dated 17 March 2003;
- A deployed health record and urethral swab culture by the medical officer, Iraq, dated 14 June 2005;
- A role 2 facility record and urine culture by the medical officer, Iraq, dated 2 August 2005;
- A post-deployment health review by the medical officer, dated 5 September 2005;
- An urology consultation (prostate biopsy and transrectal ultrasound reports) by the urologist, dated 21 September 2005;
- An outpatient health record and urine culture by the medical officer, Garrison health centre, dated 28 October 2005;
- A four-glass test (cystoscopy, urethrogram and urodynamic reports) by the urologist, dated 16 January 2006;
- A role 3 hospital record by the surgeon, Afghanistan, dated 22 April 2008;
- A role 3 hospital admission and culture reports by the physician, Afghanistan, dated 14 July 2008;
- A transrectal ultrasound report by the radiologist, dated 30 July 2008.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 July 1986 and 20 October 2012

Chronic Bacterial Prostatitis

You have stated that your condition was caused by:

- *having acute bacterial prostatitis within the one year before the clinical onset of chronic bacterial prostatitis*
- *having a sexually transmitted infection of the urethra within the one year before the clinical onset of chronic bacterial prostatitis*
- *undergoing urethral catheterisation or other urethral instrumentation within the three months before the clinical onset of chronic bacterial prostatitis*
- *undergoing transrectal prostate biopsy within the three months before the clinical onset of chronic bacterial prostatitis*
- *having prostatic calculi at the time of the clinical onset of chronic bacterial prostatitis*
- *having bladder outlet obstruction, including urethral stricture, at the time of the clinical onset of chronic bacterial prostatitis*
- *having dysfunctional voiding with habitual voluntary urine retention for at least the six months before the clinical onset of chronic bacterial prostatitis*
- *being chronically dehydrated, with a fluid intake inadequate for the climate and workload, for at least one month within the six months before the clinical onset of chronic bacterial prostatitis*
- *having diabetes mellitus at the time of the clinical onset of chronic bacterial prostatitis*
- *being seated for at least six hours per day on at least four days per week, with perineal pressure and whole-body vibration, for at least the six months before the clinical onset of chronic bacterial prostatitis*

Diagnosis: Chronic Bacterial Prostatitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 July 2025, and is supported by a four-glass test (cystoscopy, urethrogram and urodynamic reports) by the urologist, dated 16 January 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having acute bacterial prostatitis within the one year before the clinical onset of chronic bacterial prostatitis*

- *having a sexually transmitted infection of the urethra within the one year before the clinical onset of chronic bacterial prostatitis*
- *undergoing urethral catheterisation or other urethral instrumentation within the three months before the clinical onset of chronic bacterial prostatitis*
- *undergoing transrectal prostate biopsy within the three months before the clinical onset of chronic bacterial prostatitis*
- *having prostatic calculi at the time of the clinical onset of chronic bacterial prostatitis*
- *having bladder outlet obstruction, including urethral stricture, at the time of the clinical onset of chronic bacterial prostatitis*
- *having dysfunctional voiding with habitual voluntary urine retention for at least the six months before the clinical onset of chronic bacterial prostatitis*
- *being chronically dehydrated, with a fluid intake inadequate for the climate and workload, for at least one month within the six months before the clinical onset of chronic bacterial prostatitis*
- *having diabetes mellitus at the time of the clinical onset of chronic bacterial prostatitis*
- *being seated for at least six hours per day on at least four days per week, with perineal pressure and whole-body vibration, for at least the six months before the clinical onset of chronic bacterial prostatitis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with recurrent burning on passing urine, frequency, urgency, a poor stream, perineal and testicular pain, pain on ejaculation and intermittent low-grade fevers, recurring whenever antibiotics were stopped on 28 October 2005.

The diagnosis was confirmed by a urologist on 16 January 2006 with a four-glass localisation test, which showed Escherichia coli in the expressed prostatic secretions and post-massage urine at ten times the count in the first-void and midstream specimens, localising the infection to the prostate. This followed recurrent urinary tract infections with the same organism and the same sensitivity pattern in August and October 2005, and more than three months of pelvic and perineal pain and voiding symptoms.

This has then led to further investigations and the diagnosis of your condition of *Chronic Bacterial Prostatitis*. I have accepted your condition of *Chronic Bacterial Prostatitis*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 28 October 2005.

Chronic Bacterial Prostatitis (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 15 July 2025;
- A periodic health examination and pathology by the medical officer, dated 17 March 2003;
- A deployed health record and urethral swab culture by the medical officer, Iraq, dated 14 June 2005;
- A role 2 facility record and urine culture by the medical officer, Iraq, dated 2 August 2005;
- A post-deployment health review by the medical officer, dated 5 September 2005;
- An urology consultation (prostate biopsy and transrectal ultrasound reports) by the urologist, dated 21 September 2005;
- An outpatient health record and urine culture by the medical officer, Garrison health centre, dated 28 October 2005;
- A four-glass test (cystoscopy, urethrogram and urodynamic reports) by the urologist, dated 16 January 2006;
- A role 3 hospital record by the surgeon, Afghanistan, dated 22 April 2008;
- A role 3 hospital admission and culture reports by the physician, Afghanistan, dated 14 July 2008;
- A transrectal ultrasound report by the radiologist, dated 30 July 2008.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

15 July 1986 and 20 October 2012

Chronic Bacterial Prostatitis (Worsening)

You have stated that the worsening of your condition was caused by:

- *undergoing urethral catheterisation or other urethral instrumentation within the three months before the clinical worsening of chronic bacterial prostatitis*

- *having bladder outlet obstruction, including urethral stricture, at the time of the clinical worsening of chronic bacterial prostatitis*
- *having infection with an antibiotic-resistant organism at the time of the clinical worsening of chronic bacterial prostatitis*
- *inability to obtain appropriate clinical management for chronic bacterial prostatitis*

Diagnosis: Chronic Bacterial Prostatitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 15 July 2025, and is supported by a four-glass test (cystoscopy, urethrogram and urodynamic reports) by the urologist, dated 16 January 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *undergoing urethral catheterisation or other urethral instrumentation within the three months before the clinical worsening of chronic bacterial prostatitis*
- *having bladder outlet obstruction, including urethral stricture, at the time of the clinical worsening of chronic bacterial prostatitis*
- *having infection with an antibiotic-resistant organism at the time of the clinical worsening of chronic bacterial prostatitis*
- *inability to obtain appropriate clinical management for chronic bacterial prostatitis*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with recurrent burning on passing urine, frequency, urgency, a poor stream, perineal and testicular pain, pain on ejaculation and intermittent low-grade fevers, recurring whenever antibiotics were stopped on 28 October 2005.

The diagnosis was confirmed by a urologist on 16 January 2006 with a four-glass localisation test, which showed Escherichia coli in the expressed prostatic secretions and post-massage urine at ten times the count in the first-void and midstream specimens, localising the infection to the prostate. This followed recurrent urinary tract infections with the same organism and the same sensitivity pattern in August and October 2005, and more than three months of pelvic and perineal pain and voiding symptoms.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan on 22 April 2008 you underwent flexible cystoscopy and suprapubic catheterisation

for urinary retention from recurrent stricture, with the catheter in place for ten days. The bulbar urethral stricture caused by catheterisation in Iraq in 2005 had recurred, causing retention in April 2008, and it was present at the worsening on 14 July 2008, as confirmed by urethrography after your return. Cultures on 14 July 2008 grew fluoroquinolone-resistant, extended-spectrum beta-lactamase producing Escherichia coli. In Iraq in August 2005 you received only seven days of antibiotics for acute prostatitis because of supply constraints, against a recommended four weeks, and in Afghanistan from February to September 2008 no urologist was available for your recurrent stricture and infection, so definitive urethroplasty and culture-directed long-term treatment were delayed until after your return.

This has then led to further investigations and the diagnosis of your condition of *Chronic Bacterial Prostatitis (Worsening)*. I have accepted your condition of *Chronic Bacterial Prostatitis (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 July 2008.

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